

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/009627**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	2			1		
5	1			1		
6	1		1			
7	1		1			
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TOTAL IND.			2			
TOTAL DEP.		↔	5	↔		↔
TOTAL CLAIMS			7			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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88	<b>BEST AVAILABLE COPY</b>					
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3331